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Express Mail No.: **EV452774174US**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Ensoli Confirmation No.: 9400
Application No.: 09/555,534 Art Unit: 1648
Filed: May 31, 2000 Examiner: Stucker, Jeffrey J.
For: HIV-1 TAT, OR DERIVATIVES Attorney Docket No.: 11340-003-999
THEREOF FOR PROPHYLACTIC
AND THERAPEUTIC
VACCINATION

TRANSMITTAL OF REVOCATION AND POWER OF ATTORNEY

Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant submits herewith a Revocation and Power of Attorney executed by Enrico Garaci, President of Instituto Superiore Di Sanità, the Assignee of the entire right, title, and interest in the above-identified patent application.

Applicant requests that the Revocation and Power of Attorney be made of record in the file of the above-identified patent application.

Applicant submits that this transmittal is not a response to the outstanding non-final Office Action that was mailed on October 25, 2004 in connection with the above-identified application. A response to the outstanding office Action will be filed in due course.

It is estimated that no fee is due in connection with this transmittal. In the event that a fee is required, please charge the required fee to Jones Day Deposit Account No. 50-3013.

Respectfully submitted,

Date: January 18, 2005

Adriane M. Antler 32,605
Adriane M. Antler (Reg. No.)
JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939

Enclosure

By Margaret B. Fox-Danley
Reg No. 40,922



POWER OF ATTORNEY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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REVOCATION AND POWER OF ATTORNEY

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

ISTITUTO SUPERIORE DI SANITÀ (assignee) hereby revokes any and all previous powers and appoints:

☒ Practitioners at Customer Number 20583

as his/her/its/their attorney(s) or agent(s) to prosecute the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence address for the above-identified application to:

☒ The above mentioned Customer Number.

☒ Firm or Individual Name:

Address: Jones Day, 222 East 41st Street, New York, New York 10017

Telephone: (212) 901-9028

I am the:

- ☐ Applicant/Inventor
☒ Assignee of record of the entire interest. See 37 C.F.R. 3.71.
(Statement under 37 C.F.R. 3.73(b) is applicable)

Statement Under 37 C.F.R. 3.73(b)

ISTITUTO SUPERIORE DI SANITÀ states that it is:

- ☒ the assignee of the entire right, title, and interest; or
☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is %

in the patent application/patent identified above by virtue of either:

- ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.


OR

- ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: To:
The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.
2. From: To:
The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.
3. From: To:
The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

ASSIGNEE: ISTITUTO SUPERIORE DI SANITÀ

Date: 9 Nov. 2004 Signature: 
Typed Name: IL PRESIDENTE
Position/Title: Prof. Enrico Garaci

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

- ☒ Total of 1 form is submitted.



Assignment of Patent Application

Date: 18 July 2000

IN

Parties: Assignor: Barbara ENSOLI
Address: Via Pollino 2 - 00141 ROME
ITALY
Assignor: Address:
Assignor: Address:
Assignor: Address:
Assignor: Address:
Assignee: ISTITUTO SUPERIORE DI SANITA'
Address: Viale Regina Elena 299
00161 ROME - ITALY

If there are more than one Assignor or Assignee, the words "Assignor" and "Assignee" shall include them.

Identification
of patent
application
assigned:

This assignment relates to a patent application signed by the Assignor on 18 July 2000 and entitled HIV-1 TAT, OR DERIVATIVES THEREOF FOR PROPHYLACTIC AND THERAPEUTIC VACCINATION

This patent application is called "the Patent Application".

Consideration:

Assignor has received One Dollars
(\$ 1.00) and other good and valuable consideration for this assignment.

Assignment
and other
authorizations:

Assignor assigns to Assignee all of the Assignor's right, title and interest in the Patent Application, the invention described and claimed in the Patent Application, and every patent that may issue based on the invention and the Patent Application in the United States and in every foreign country. Assignor also assigns to Assignee all priority rights in the Patent Application.*

*In those countries where permitted, the Assignor authorizes the Assignee to apply for patents for the invention directly in Assignee's name.** Where permitted, the Assignor authorizes the Commissioner of Patents and Trademarks or other governmental authority to issue all patents for the invention directly to the Assignee.

Assignor's
statements:

Assignor states that Assignor has the right to grant to Assignee the rights which are assigned by this assignment. Assignor will sign any additional documents as may be needed to carry out the purpose of this assignment.

Successors:

This assignment is binding on all parties who lawfully succeed to the rights of or take the place of Assignor or Assignee.

Effective date:

The effective date of this assignment is the date at the top of the page.

Margin
headings:

The margin headings are for convenience only.

Signature of
Assignor:

Barbara ENSOLI

SIGNATURE

DATE

18 July 2000

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

First Name

Middle Initial

Last Name

Signature of
Assignor:

* Strike italicised portions only if foreign rights are not intended to be assigned.

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